

3-843/53

106

LEAK TEST RESULTS

288660
C10715 EXXON-MOBIL
2072 E. MAIN ST. NY.
A1280259305001

MAY 12, 2014 8:05 AM

LIQUID STATUS

MAY 12, 2014 8:05 AM

L 1:REGULAR
SENSOR NORMAL

L 2:REG LN MANIFOLD
SENSOR NORMAL

L 3:SUPER
SENSOR NORMAL

***** END *****

"ARE NOT NORMAL"
OR DO NOT "PASS"
CONTACT YOUR

288660
C10715 EXXON-MOBIL
2072 E. MAIN ST. NY.
A1280259305001

MAY 19, 2014 9:10 AM

2 WIRE CL STATUS

MAY 19, 2014 9:10 AM

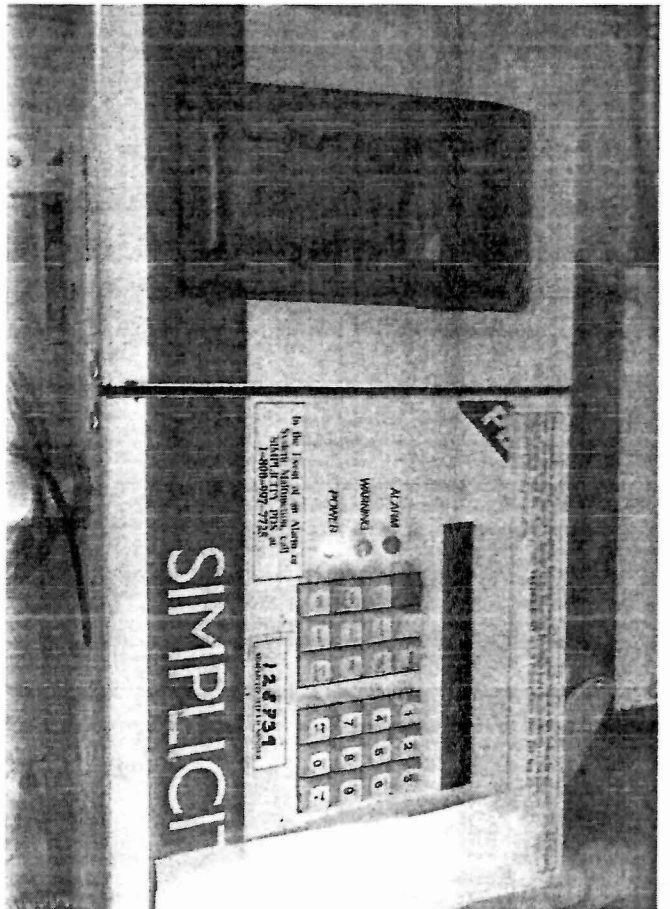
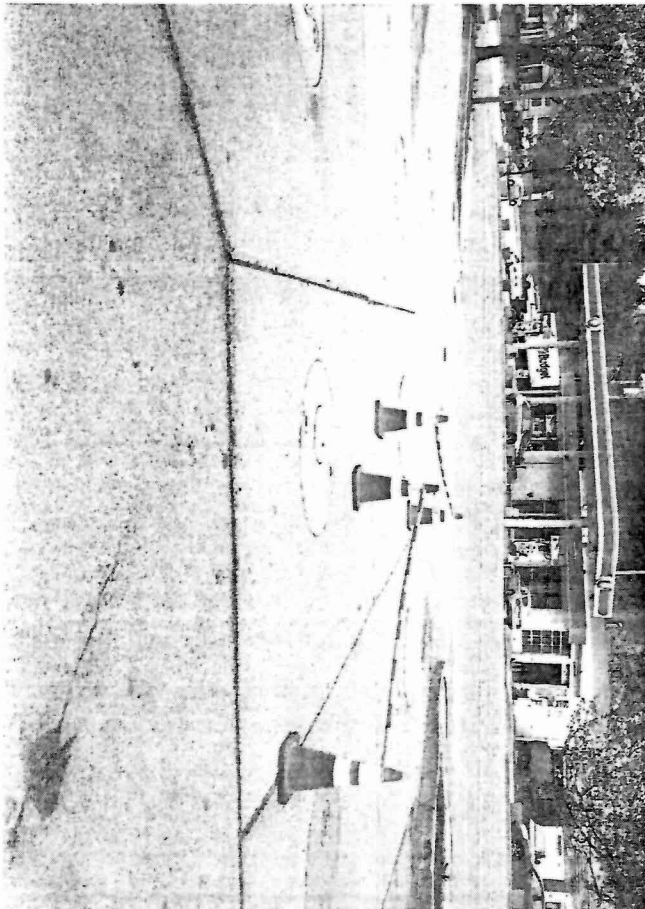
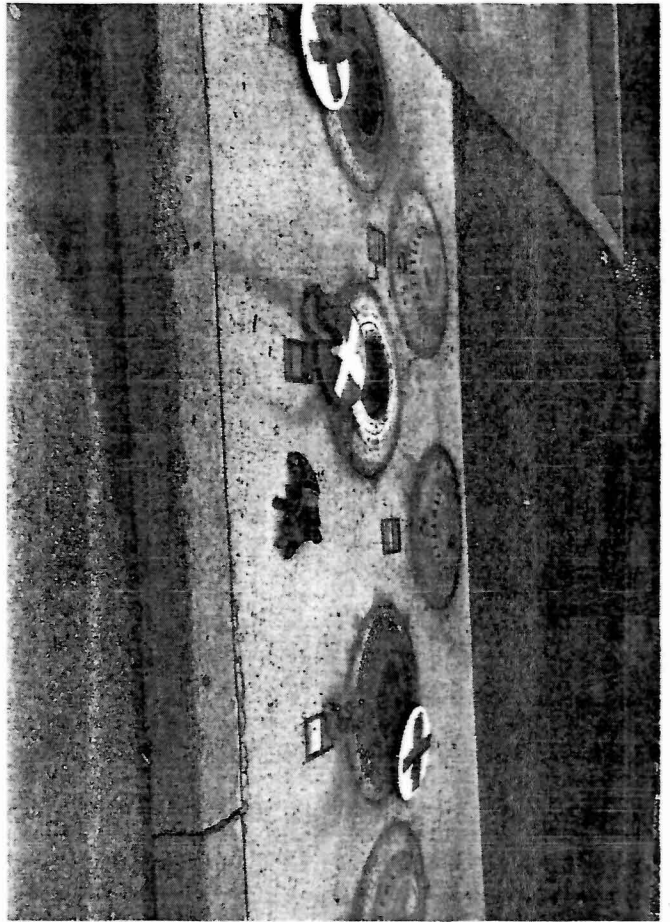
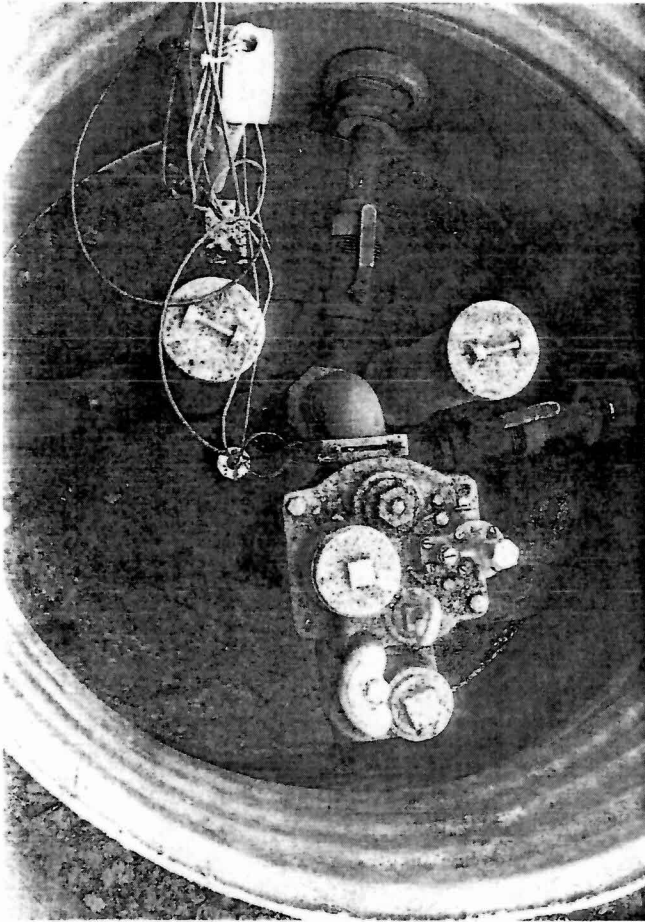
C 1:REGULAR
SENSOR NORMAL

C 2:REG LN MANIFOLD
SENSOR NORMAL

C 3:SUPER
SENSOR NORMAL

***** END *****

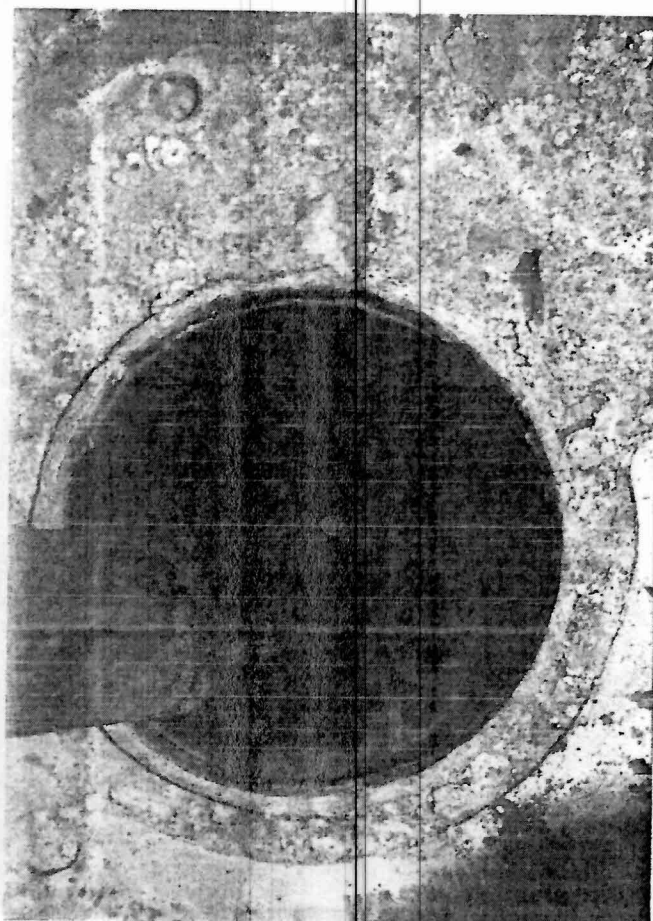
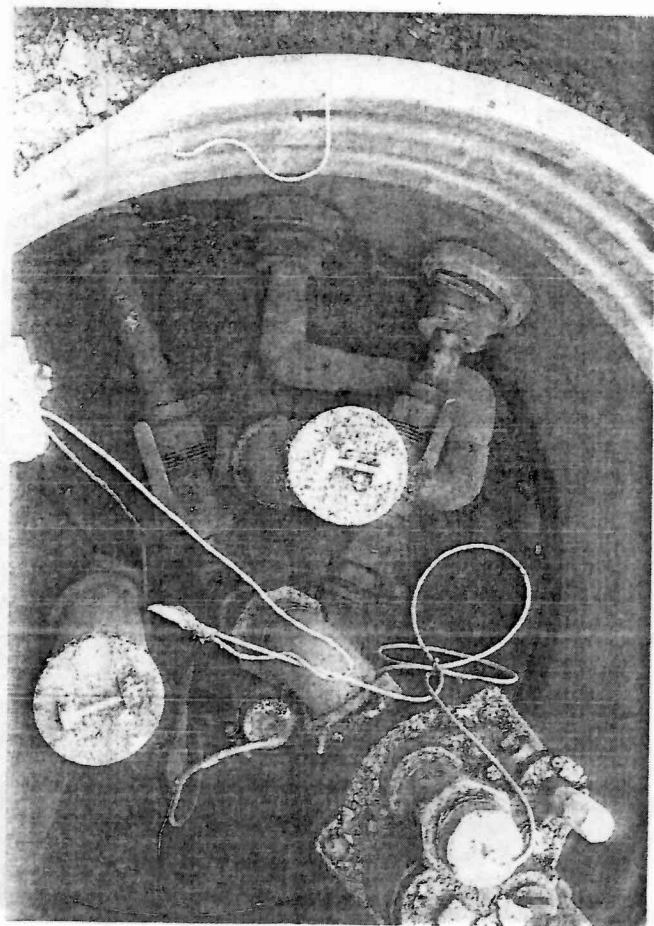
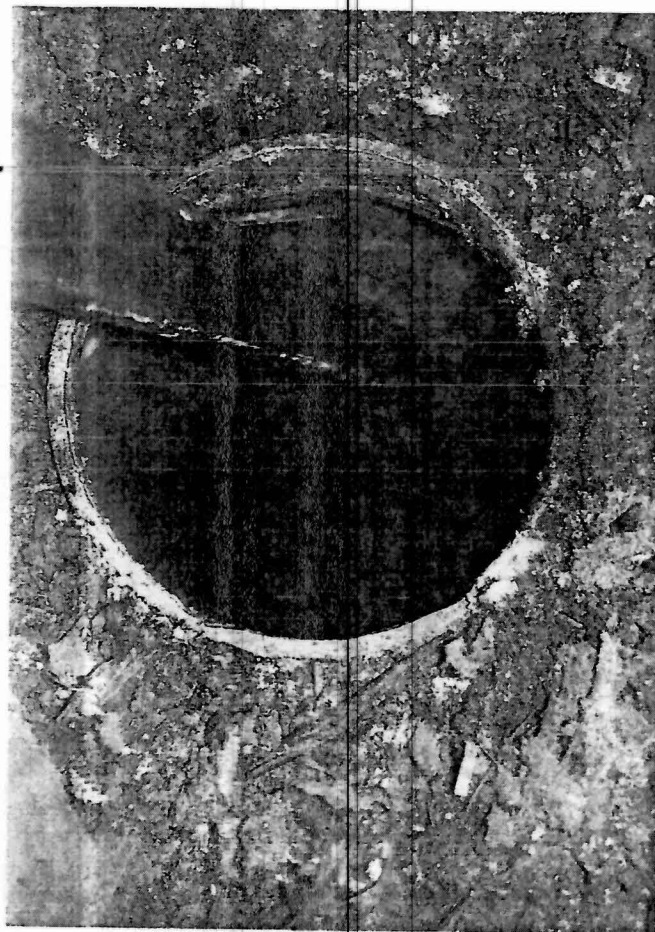
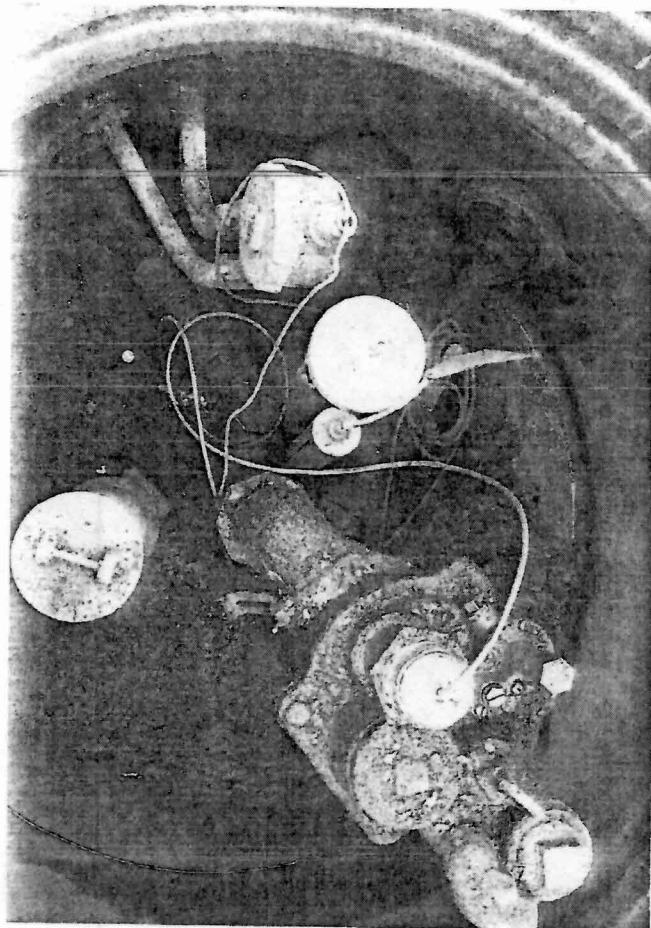
CONTACT YOUR

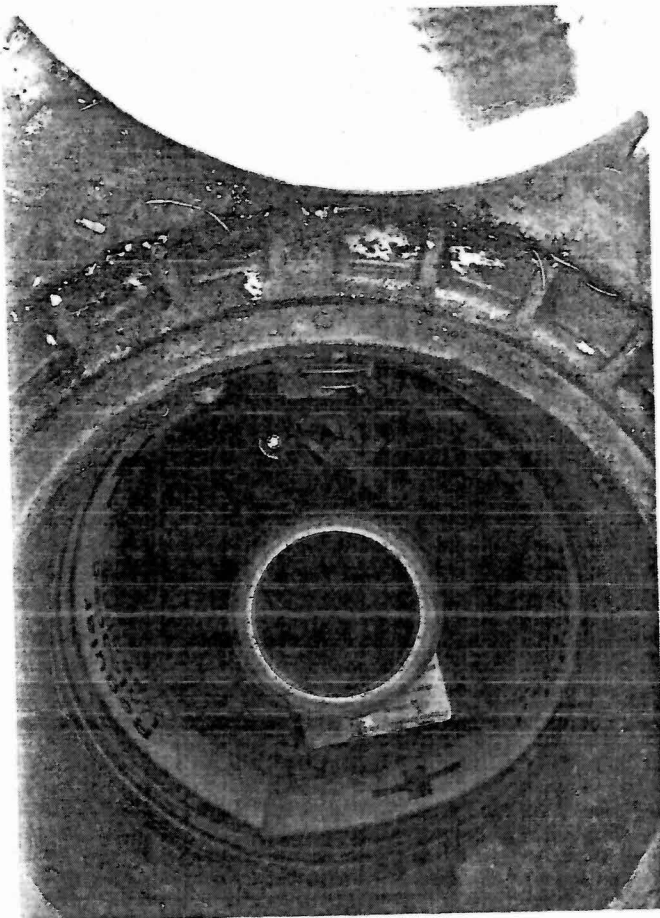
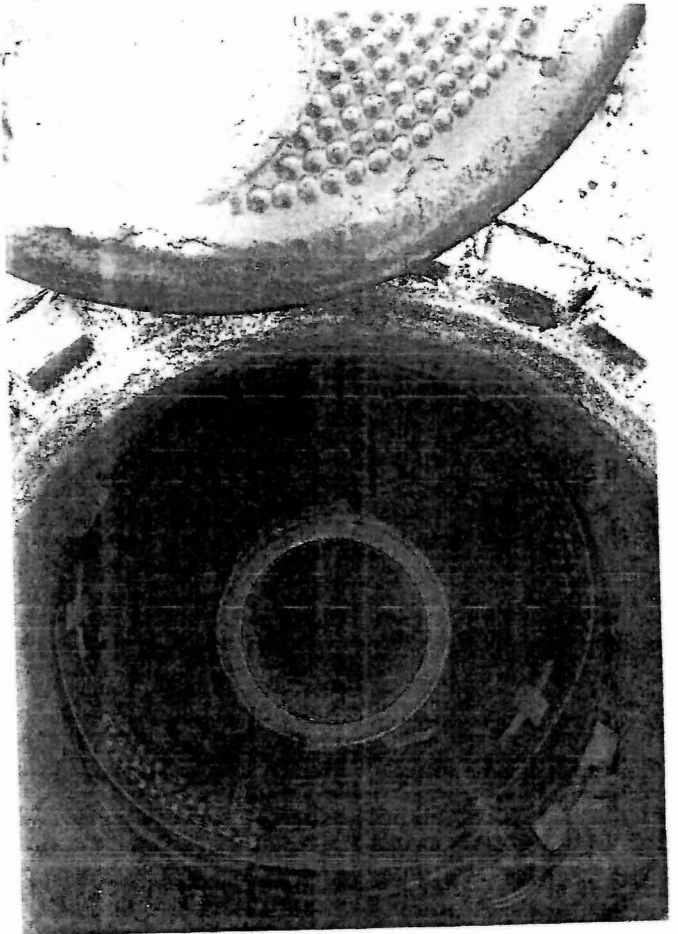
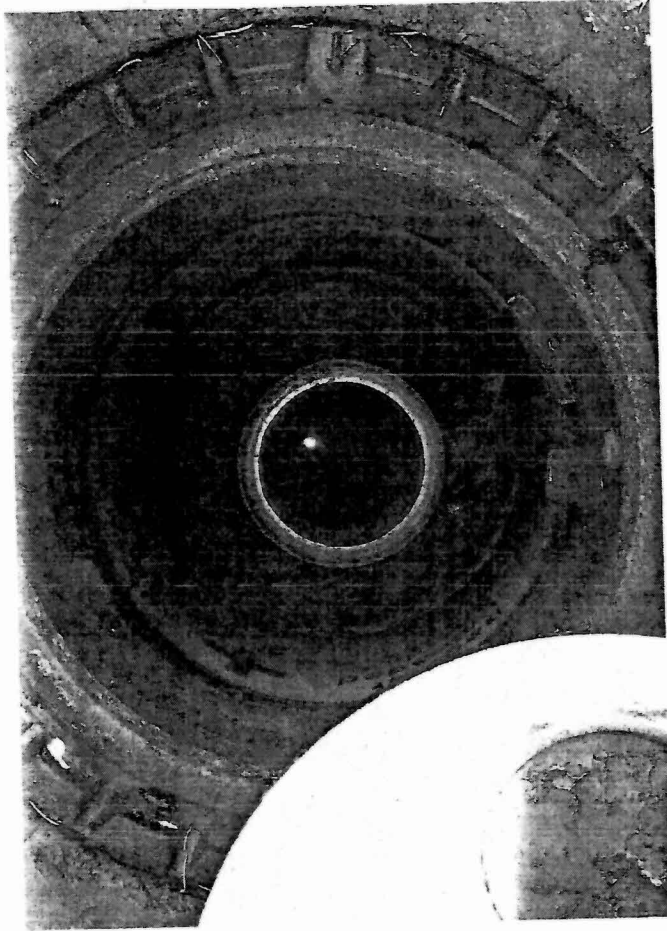


013

3-27-58

014





Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
	<input checked="" type="checkbox"/>		G. Automatic Line Leak Detector (ALLD) <input checked="" type="checkbox"/> ALLD is present and operational. [280.44(a)] <input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)] <input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or <input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] <input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			B. Automatic Tank Gauge (ATG) <input type="checkbox"/> ATG is set up properly. [280.40(a)(2)] <input type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input type="checkbox"/> ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]
<input type="checkbox"/>			C. Manual Tank Gauging (MTG) <input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)] <input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/> Method is being conducted correctly. [280.43(b)(4)] <input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Tightness Testing (Safe Suction piping does not require testing) <input type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] <input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method: <input type="checkbox"/> Tanks - every 5 years [280.41(a)(1)] <input checked="" type="checkbox"/> Pressurized Piping - annually [280.41(b)(1)(ii)] <input type="checkbox"/> Non-exempt suction piping - every 3 years [280.41(b)(2)] <input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Ground Water or Vapor Monitoring <input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/> Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] <input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/> Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Interstitial Monitoring <input checked="" type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)] <input type="checkbox"/> Sensor properly positioned. [280.40(a)(2)]

Release Detection Compliance Measures Matrix

*Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.*

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	Is Compliance?		
			N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1))]		✓	
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3))]		✓	
	4	Implementing agency has been notified of suspected release as required. [(280.40(b))] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	✓		
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]		✓	
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			A. Inventory Control with Tank Tightness Testing (T.T.T) <input type="checkbox"/> Inventory control is conducted properly. <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)]

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]		✓	
		<input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input checked="" type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/> Tank and piping meet new UST requirements [280.21(a)(1)] <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)] <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]			

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]		✓	
		<input checked="" type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)]			
		<input type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)]			
		<input type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)] <input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure <input type="checkbox"/> CP System is properly operated and maintained <input type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.	✓		

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? **No**

Deficiencies observed: (Put an X for each observed deficiency)

☐ Potential failure to complete or submit a notification, report, certification, or manifest

☐ Potential failure to follow or develop a required management practice or procedure

☐ Potential failure to maintain a record or failure to disclose a document

☐ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes / No**

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes / No**

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? **(Yes) No**

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **(Yes) No**

SITE DRAWING

DATE: 05/06/15 TIME ON SITE: 11:15 AM TIME OFF SITE: 12:00 PM

WEATHER: 80° + OVERCAST

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☒
If "Yes", please describe:

GPS ATOP UTS:

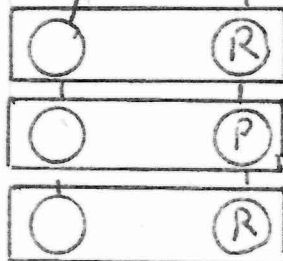
41.30122° N
-73.84308° W

Remote



ATC +
10V P-4R

STP



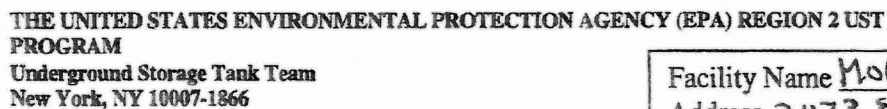
TANK
MONITOR

DISTANCES

PHOTOS

- 094 Remote FP REC
- 095 Remote FP PRE
- 096 Remote FP REC
- 097 FMPER VALVE REC
- 098 STP REC
- 099 FMPER VALVE PRE
- 100 STP PRE
- 101 FMPER VALVE REC
- 102 STP REC
- 103 FUEL PAD
- 104 Remote FPs
- 105 TANK MONITOR
- 106 INTERSTITIAL LOG
- 107 SITE

Pictures



Facility Name MOBIL R/S #10745
Address 2073 E. MAIN ST, PEAKSKILL
UST Reg # 3-048658

Inspector Observation Report

Inspection of Underground Storage Tanks (USTs)

Page 5 of 7Init/Date 1/23/05/06/15

05/02/2014

XI. Repairs

N/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐

XII. Temporary Closure

N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐

Notes: ☒

Tank No.	C	7	B			
IX. UST system used solely by Emergency Power Generator	NO →					
X. Release Detection N/A <input type="checkbox"/>						
<u>Tank RD Methods</u>	ATG					
	Interstitial Monitoring	YES →				
	Groundwater Monitoring					
	Vapor Monitoring					
	Inventory Control w/ TTT					
	Manual Tank Gauging					
	Manual Tank Gauging w/ TTT					
	SIR					
<u>12 Months</u> (Must Make Available Last 12 Months Monitoring Records For Compliance)		YES →				
<p>Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)</p> <p style="text-align:center;">I REVIEWED TWELVE PREVIOUS MONTHS OF PASSING ELECTRONIC INTERSTITIAL RESULTS TANK MONITOR → SIMPLICITY</p>						
<u>Pressurized Piping RD Methods</u>	N/A <input type="checkbox"/>					
	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	SIR					
<u>12 Months Monitoring Records</u>						
<u>USING</u> <u>SLLD</u> <u>ALLD</u>	Annual Line Tightness Test	YES →				
	Present	YES →				
	Annual Test	YES →				
<p>Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)</p> <p style="text-align:center;">I REVIEWED PASSING LINE AND LEAK DETECTOR TEST RESULTS (TEST DATE → 11/10/14)</p>						

VI. Tank Information		Tank No.	6	7	8				
Tank presently in use			YES	→					
If not, date last used	(see Section XII)								
If empty, verify 1" or less left	(see Section XII)								
Capacity of Tank (gal)			10,000 G	→					
Substance Stored			REG GAS	→	PRE GAS				
M/Y Tank <u>installed</u> Upgraded			12/91	→					
<u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)			DW FRP	→					
Spill Prevention			SPILL BUCKETS	→					
Overfill Prevention (specify type)			ANTI SHUTOFFS	→					
<u>Special Configuration:</u> Compartmentalized, Manifolded			MANIFOLDED	→	NO				
VII. Piping Information									
<u>Piping Type:</u> Pressure, Suction			PRESSURE	→					
<u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)			DW FLEX	→					
Tank and Piping Notes:									
VIII. Cathodic Protection									
N/A <input checked="" type="checkbox"/>									
Integrity Assessment conducted prior to upgrade									
<u>Interior Lining:</u>	Interior lining inspected								
<u>Impressed Current:</u>	CP Test records								
	Rectifier inspection records								
<u>Sacrificial Anode:</u>	CP test records		↓	↓	↓				
CP Notes:									



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S):

JEFF BLAIR

DATE:

05/06/15

SIC CODE:

ICIS #:

I. Location of Tank(s) <input type="checkbox"/> Tribal	II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.)
Facility Name MOBIL R/S # 10745	Owner Name CPD NY ENERGY CORP.
Street Address 2072 E. MAIN STREET	Street Address 536 MAIN STREET
City PEEKSKILL, NY	City NEW PALTZ, NY
State NY	State NY
Zip Code 10566	Zip Code 12561
County WESTCHESTER	County
Phone Number (914) 739-5589	Phone Number (845) 256-0162
Fax Number	Fax Number
Contact Person(s) EDGAR AMADOR, ENV. COMP. SPECIALIST	Contact Person(s) SALEH EL JAMAL, OWNER

IIA. Ownership of Other Facilities

☐ Do you own other UST Facilities Yes/No

If Yes, How many Facilities 89 (NYS)
210 NATIONWIDE

How many USTs 323 (NYS)
698 NATIONWIDE

III. Notification

☐ Notification to implementing agency; name
State Facility ID # 3-048658

WESTCHESTER (EFFECTIVE
CO DOH (THROUGH 01/13/16))

IV. Financial Responsibility

TOKIO MARINE SPECIALTY INS. CO. (EXPIRES 03/13/16)

☐ State Fund

☐ Guarantee

☐ Local Government

☐ Surety Bond

☐ Self Insured

☒ Private Insurance: Insurer/Policy # PAK 1147480

☐ Letter of Credit

☐ Not Required (Federal & State government, hazardous substance USTs)

V. Release History

N/A ☒

☐ To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes / No

☐ Evidence of release or spills at facility

☐ Releases reported to implementing agency; if so, date(s) [280.53]

☐ Release confirmed; when and how

☐ Initial abatement measures and site characterization

☐ Soil or ground water contamination

☐ Remediation ongoing

☐ Greater than 25 gallons (estimate)

☐ Free product removal

☐ Corrective action plan submitted

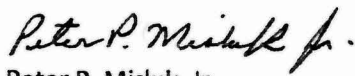
☐ Remediation completed, no further action; date(s)

Notes:

August 17, 2012

On August 1, 2012 I re-inspected 6 facilities with Edgar Amador, Environmental Compliance Specialist with CPD NY Energy Corp to determine if the facilities had overfill protection. CPD had arranged for their UST facilities contractor, CCMI, to accompany us with the appropriate tools to open the sumps and remove the covers to expose overfill protection equipment if it was present.

We were able to document flapper valves that suffice for meeting the requirements for overfill protection for the tanks. Therefore there is no overfill protection violation at this facility as documented in the inspection report.



Peter P. Misluk, Jr.

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurize d Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
	<input checked="" type="checkbox"/>		G. Automatic Line Leak Detector (ALLD) <input checked="" type="checkbox"/> ALLD is present and operational. [280.44(a)] <input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)] <input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or <input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] <input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			B. Automatic Tank Gauge (ATG) <input type="checkbox"/> ATG is set up properly. [280.40(a)(2)] <input type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input type="checkbox"/> ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]
<input type="checkbox"/>			C. Manual Tank Gauging (MTG) <input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)] <input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/> Method is being conducted correctly. [280.43(b)(4)] <input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Tightness Testing (Safe Suction piping does not require testing) <input type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] <input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method: <input type="checkbox"/> Tanks every 5 years [280.41(a)(1)] <input checked="" type="checkbox"/> Pressurized Piping - annually [280.41(b)(1)(ii)] <input type="checkbox"/> Non-exempt suction piping - every 3 years [280.41(b)(2)] <input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Ground Water or Vapor Monitoring <input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/> Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] <input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/> Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Interstitial Monitoring <input checked="" type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)] <input checked="" type="checkbox"/> Sensor properly positioned. [280.40(a)(2)]

Release Detection Compliance Measures Matrix

*Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.*

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance?		
			N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]			✓
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]			✓
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	✓		
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]			✓
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			A. Inventory Control with Tank Tightness Testing (T.T.T) <input type="checkbox"/> Inventory control is conducted properly. <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)]

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]	✓		
		<input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/> Tank and piping meet new UST requirements [280.21(a)(1)] <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)] <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]			

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]			✓
		<input type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)] <input type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)]	✓		
		<input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure			
		<input type="checkbox"/> CP System is properly operated and maintained			
		<input type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.			

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection?

Deficiencies observed: (Put an X for each observed deficiency)

- ☒ Potential failure to complete or submit a notification, report, certification, or manifest
- ☒ Potential failure to follow or develop a required management practice or procedure
- ☒ Potential failure to maintain a record or failure to disclose a document
- ☒ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment
- ☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? Yes / No

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? Yes / No

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? Yes / No

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? Yes / No

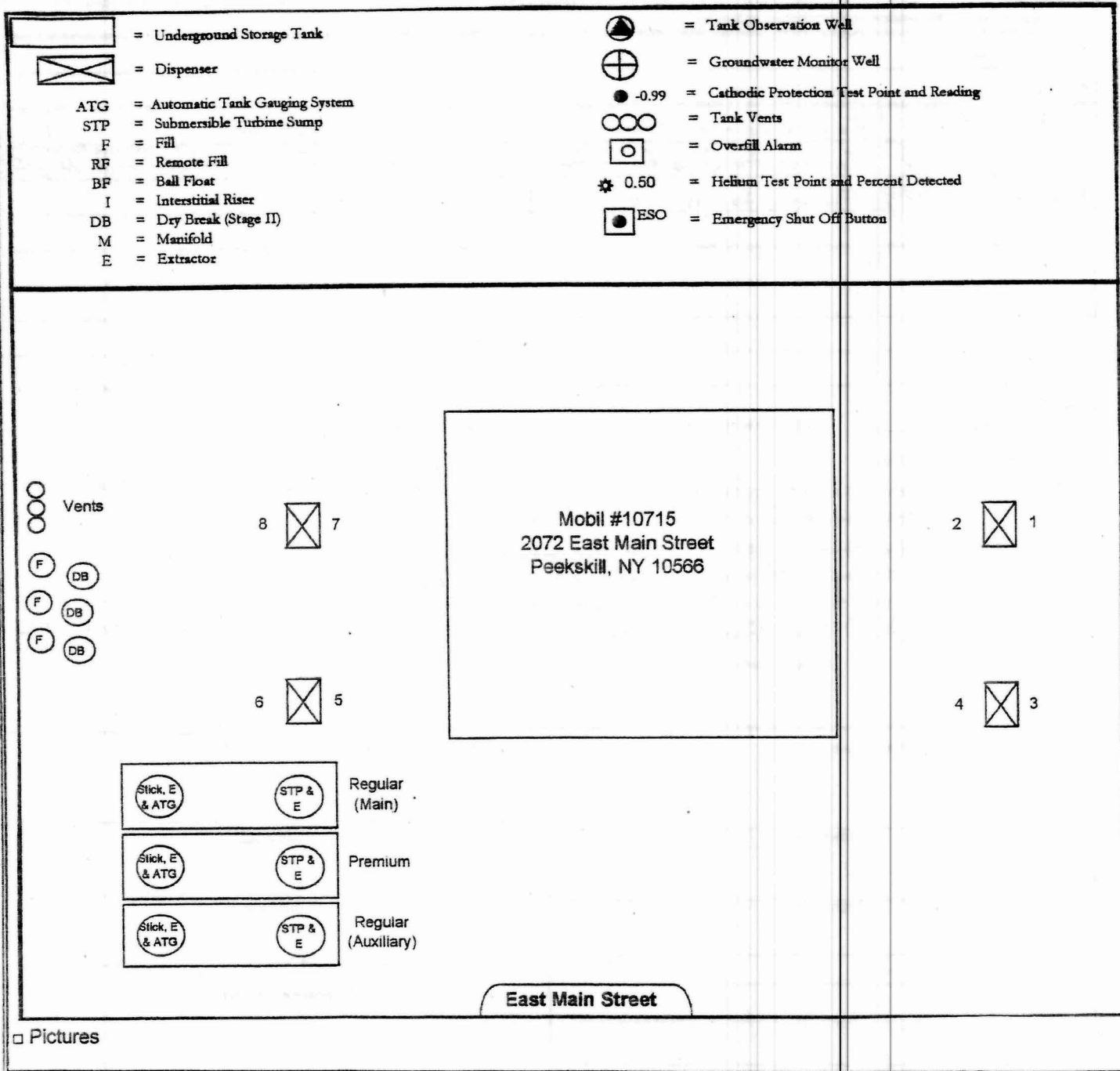
SITE DRAWING

DATE: 7/19/2012 TIME ON SITE: _____ TIME OFF SITE: _____

WEATHER: _____

ENVIRONMENTALLY SENSITIVE AREA : Y ☐ N ☐

If "Yes", please describe: _____





THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST
PROGRAM

Ground Water Compliance Section
New York, NY 10007-1866

Inspector Observation Report

Inspection of Underground Storage Tanks (USTs)

☐ No violations observed at the conclusion of this inspection.

☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Violations Observed:

Regulatory Citation	Violation Description
§ 280.34(b)4	Failure to maintain records of release detection
§ 280.40(a)(1)	Failure to maintain release detection system in operating condition ^{monitor tanks for leak detection at least every 30 days.}
§ 280.20(c)(1)(ii)	Failure to provide overfill prevention.
§	
§	
§	
§	
§	

Actions Taken:

☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

280.34(b)4 No release detection records for the tanks were available to be reviewed for the previous year.

280.40(a)(1) Interstitial sensor for the regular (main) tank has been non-operational since at least November 15, 2011 when the consultant performed the inspection.

280.20(c)(1)(ii) The facility has no overfill alarm and there was no evidence of ball floats.

Name of Owner/Operator Representative:

(Please print)

(Signature)

Other Participants: _____

Name of EPA Inspector/representative

(Please print)

(Signature)

(Credential Number)

Date of Inspection _____ Time _____ AM/PM

XI. RepairsN/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐**XII. Temporary Closure**N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐**Notes:**

Tank No.	6	7	8			
IX. UST system used solely by Emergency Power Generator	No	→				
X. Release Detection N/A <input type="checkbox"/>						
<u>Tank RD Methods</u>	ATG					
	Interstitial Monitoring	Yes	→			
	Groundwater Monitoring					
	Vapor Monitoring					
	Inventory Control w/ TTT					
	Manual Tank Gauging					
	Manual Tank Gauging w/ TTT					
	SIR					
<u>12 Months</u> (Must Make Available Last 12 Months Monitoring Records For Compliance)						
<p>Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)</p> <p>No release detection records were available to be reviewed. Edgar Amador, the CPD Environmental Compliance Specialist accompanying me on the inspection stated that the facility manager spoke to him by phone and said the records were locked in a room not accessible to us. Mr Amador said he would have access by afternoon to the records an email them. The next day he emailed other records but not these. I reminded him of this by email but he did not respond.</p>						
<u>Pressurized Piping RD Methods</u>		N/A <input type="checkbox"/>				
<u>12 Months Monitoring Records</u>	Interstitial Monitoring	Yes	→			
	Groundwater Monitoring					
	Vapor Monitoring					
	SIR					
<u>ALLD</u>	Annual Line Tightness Test	Yes	→			
	Present	Yes	→			
	Annual Test	Yes	→			
<p>Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)</p> <p>Passing test results within the previous year were available to be reviewed for the Annual Line Tightness Test and the Annual Test of the line leak detectors.</p>						

VI. Tank Information		Tank No.	6	7	8				
Tank presently in use			Yes	→					
If not, date last used (see Section XII)									
If empty, verify 1" or less left (see Section XII)									
Capacity of Tank (gal)			10,000	10,000	10,000				
Substance Stored			Reg	Premium	Regular				
M/Y Tank installed / Upgraded			12/1991	12/1991	12/1991				
<u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)			DW-FRP	→					
Spill Prevention			Spill Bucket	→					
Overfill Prevention (specify type)			Flapper N/A	→					
<u>Special Configuration:</u> Compartmentalized, Manifolded			Manifolded Main		Manifolded Slave				
VII. Piping Information									
Piping Type: Pressure, Suction			Pressure	→					
<u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)			DW-Flex	→					
<p>Tank and Piping Notes: CCM I (consultant) Report dated 11/15/2011 Notes that the Regular (main) annular sensor is not functioning and that the Regular (slave) annular sensor cannot differentiate between fuel and water. There were no records available to demonstrate that these had been repaired.</p>									
VIII. Cathodic Protection									
			N/A	✓					
Integrity Assessment conducted prior to upgrade									
<u>Interior Lining:</u> Interior lining inspected									
<u>Impressed Current:</u>	CP Test records								
	Rectifier inspection records								
<u>Sacrificial Anode:</u>	CP test records								
CP Notes:									



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S): Peter Misluk

DATE: 07/19/2012

SIC CODE:

ICIS #: 3000021054

I. Location of Tank(s) <input type="checkbox"/> Tribal	II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.)
Facility Name <u>Mobil R/S 10745</u>	Owner Name <u>CPD NY Energy Corp</u>
Street Address <u>2072 E. Main Street</u>	Street Address <u>536 Main Street</u>
City <u>Peekskill</u> State <u>NY</u> Zip Code <u>10566</u>	City <u>New Paltz</u> State <u>NY</u> Zip Code <u>12561</u>
County <u>Westchester</u>	County <u>Ulster</u>
Phone Number <u>(914) 739-5589</u>	Phone Number <u>(845) 282-0075</u>
Fax Number	Fax Number
Contact Person(s)	Contact Person(s) <u>Zuhair Quwaidar</u>

IIA. Ownership of Other Facilities

☐ Do you own other UST Facilities Yes / No

If Yes, How many Facilities _____

How many USTs _____

III. Notification

☐ Notification to implementing agency; name NYS-DEC/Westchester County DOH (effective through 01/13/2016)
State Facility ID # 3-048658

IV. Financial Responsibility

- | | |
|---|--|
| <input type="checkbox"/> State Fund | <input type="checkbox"/> Private Insurance: Insurer/Policy # _____ |
| <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Letter of Credit |
| <input type="checkbox"/> Local Government <input type="checkbox"/> Self Insured | <input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs) |

V. Release History

N/A ☐

☐ To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes / No

- | | |
|--|--|
| <input type="checkbox"/> Evidence of release or spills at facility | <input type="checkbox"/> Greater than 25 gallons (estimate) |
| <input type="checkbox"/> Releases reported to implementing agency; if so, date(s) _____ [280.53] | |
| <input type="checkbox"/> Release confirmed; when and how _____ | |
| <input type="checkbox"/> Initial abatement measures and site characterization | <input type="checkbox"/> Free product removal |
| <input type="checkbox"/> Soil or ground water contamination | <input type="checkbox"/> Corrective action plan submitted |
| <input type="checkbox"/> Remediation ongoing | <input type="checkbox"/> Remediation completed, no further action; date(s) _____ |

Notes:

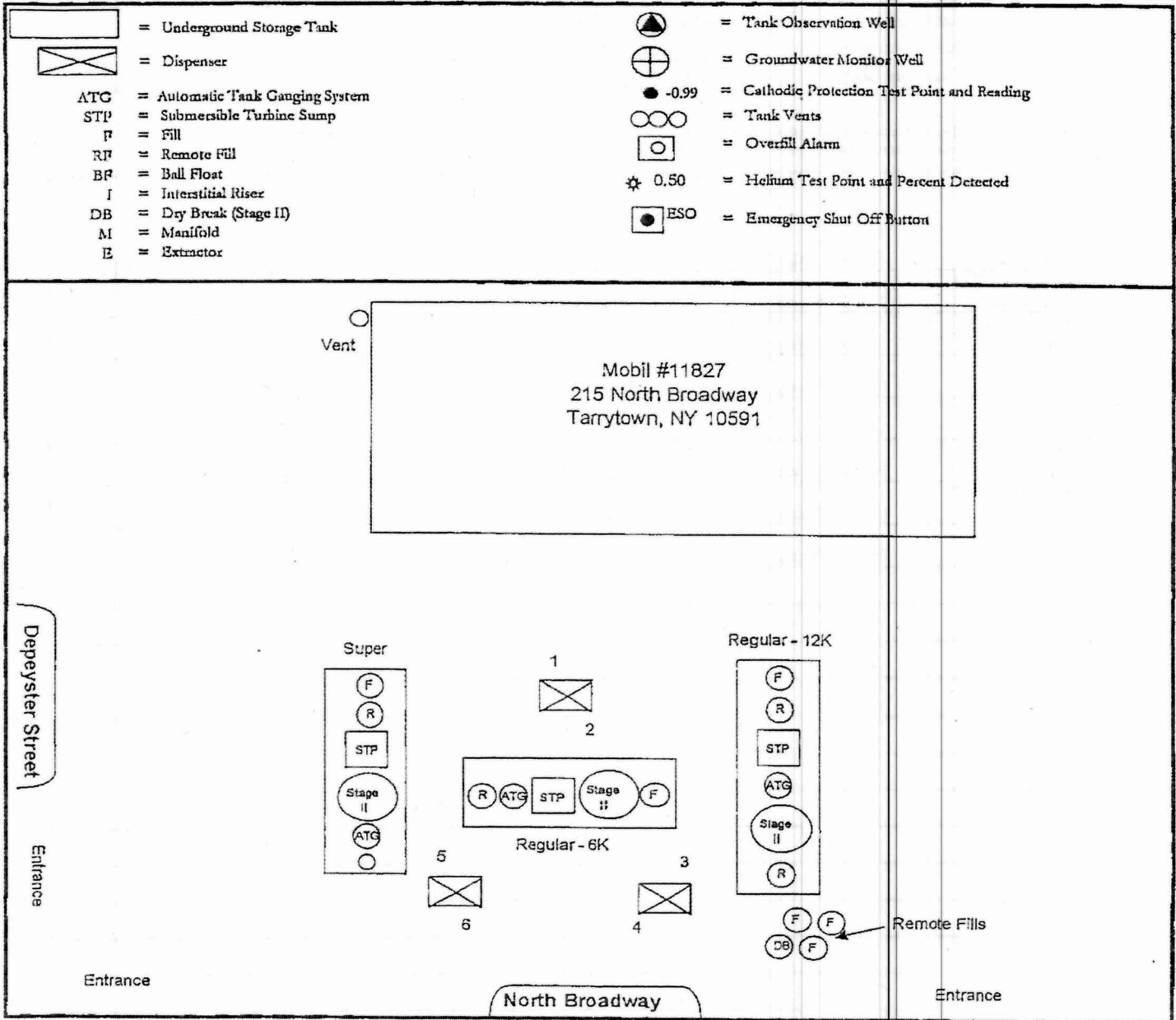
Lat. 41.298038
Long. -73.887749

CCMI

COMPREHENSIVE COMPLIANCE
MANAGEMENT, INC.

TANK COMPLIANCE GROUP
31 West State Street - Unit B
Granby, MA 01033
Phone/Fax: (413) 467-1124
info@compliancemgmt.com

Test Date: 11/29/2011
Client Name: Chestnut Petroleum Distributors, Inc.
Location Reference Number: 11827
Location Name: Mobil Service Station
Location Address: 215 North Broadway
Location City: Tarrytown State: NY Zip: 10591
Regulatory Facility Number: 3-049298



NOT TO SCALE

CCMI

COMPREHENSIVE COMPLIANCE
MANAGEMENT, INC.

TANK COMPLIANCE GROUP
31 West State Street - Unit B
Granby, MA 01033
Phone/Fax: (413) 467-1124
info@compliancemanmt.com

Test Date: 11/29/2011
Technician Name: Scott Rossi
Certification: NA

Assistant Technician: NA
Certification: NA

Galvanic (Sacrificial Anode) Cathodic Protection System Survey

Client Name: Chestnut Petroleum Distributors, Inc.
Location Reference Number: 11827
Location Name: Mobil Service Station
Location Address: 215 North Broadway
Location City: Tarrytown State: NY Zip: 10591
Regulatory Facility Number: 3-049298

* This form may be utilized to conduct a survey of a galvanic cathodic protection system by obtaining structure-to-soil potential measurements.
* The reference electrode must be placed in the soil directly above the structure that is being tested (local).

Structure	Contact Point	Local Reference Cell Placement	Local Voltage (mV)	Meets Criteria
Regular (Main) STP Connectors	Product Piping	STP Backfill	-954	Yes
Regular (Auxiliary) Connectors	Product Piping	STP Backfill	-853	Yes
Premium STP Connectors	Product Piping	STP Backfill	-986	Yes
Dispenser #1/2 Connectors	Product Piping	Dispenser Backfill	-987	Yes
Dispenser #3/4 Connectors	Product Piping	Dispenser Backfill	-905	Yes
Dispenser #5/6 Connectors	Product Piping	Dispenser Backfill	-978	Yes

Survey Comments:

Underground Storage Tank System Monitoring Certification - Page 2 of 2

Test Date: 11/29/2011
 Client Name: Chestnut Petroleum Distributors, Inc.
 Location Reference Number: 11827
 Location Name: Mobil Service Station
 Location Address: 215 North Broadway
 Location City: Tarrytown

Regulatory Facility Number: 3-049298

State: NY Zip: 10591

Results of Inspection/Certification					
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Is the audible alarm operational?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Is the visual alarm operational?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all sensors installed at the lowest point of secondary containment and positioned so that other equipment will not interfere with their operation?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	If alarms are relayed to a remote monitoring station, is all communication equipment (i.e. Modem) operational?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> NA	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? • If Yes: Which sensor initiate positive shut down? Check all that apply.
<input type="checkbox"/>	STP Sump Sensor(s)	<input type="checkbox"/>	Dispenser Containment Sensor (s)	<input checked="" type="checkbox"/> NA	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> NA	Did you confirm positive shut down due to leaks and sensor failure • disconnection?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> NA	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning visible and audible at the tank fill point(s) and operating properly? • If Yes: At what percent of tank capacity does the alarm trigger?
<input type="checkbox"/>	%	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/> NA	Was any monitoring equipment replaced/repaired? • If Yes: Identify specific sensors, probes, or other equipment replaced/repaired and list all replacement parts (manufacturer and model number) in the Comments section.
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
<input type="checkbox"/>	Product	<input type="checkbox"/>	Water	<input checked="" type="checkbox"/> None	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) • If Yes: Describe potential causes in the Comments section.
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		Is all monitoring equipment that was inspected as part of this certification operational per manufacturer's specifications?
In-Tank Gauging					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> NA	Is the in-tank gauging system used solely for inventory control?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all tank gauging probes visually inspected for damage and residue build-up?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Was the accuracy of system product level readings tested?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all probes reinstalled properly?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all items on the equipment manufacturer's maintenance checklist completed?
Line Leak Detectors (LLDs)					
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Was a leak simulated to verify LLD performance? • If Yes: Check of the simulated leak rate.
<input checked="" type="checkbox"/>	3.0 gph	<input type="checkbox"/>	0.2 gph	<input type="checkbox"/> 0.1 gph	
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Was the testing apparatus properly calibrated prior to each test performed?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> NA	For mechanical LLDs, do the LLDs restrict product flow if they detect a leak?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> NA	Were all items on the equipment manufacturer's maintenance checklist completed?

Deficiencies Reported? ☐ Yes ☐ No ☒ NA

Reported To: _____

Date: _____

Time: _____

Comments:

Piping Sump Sensors are for Vapor Piping.



COMPREHENSIVE COMPLIANCE
MANAGEMENT, INC.

TANK COMPLIANCE GROUP
31 West State Street - Unit B
Granby, MA 01033
Phone/Fax: (413) 467-1124
info@compliancegmt.com

Test Date: 11/29/2011
Technician Name: Scott Rossi
Manufacturer Certification #: A29943

Assistant Technician: NA
Manufacturer Certification #: NA

Underground Storage Tank System Monitoring Certification - Page 1 of 2

Client Name: Chestnut Petroleum Distributors, Inc.
Location Reference Number: 11827
Location Name: Mobil Service Station
Location Address: 215 North Broadway
Location City: Tarrytown
Regulatory Facility Number: 3-049298
State: NY Zip: 10591

If any deficiencies are encountered during this inspection, document in the comments section (deficiency, corrections, etc.)

Monitoring System Manufacturer: Veeder Root		Software Version: 326.01		Model Number: TLS-350	
Inventory of Monitoring System Equipment - Place an "X" in the appropriate box to indicate specific equipment present at location.					
Tank #: 1 Product: Regular (Main)			Tank #: Product: Model		
<input checked="" type="checkbox"/>	In-Tank Gauging Probe	847380-107	<input type="checkbox"/>	In-Tank Gauging Probe	
<input type="checkbox"/>	Annular Space Sensor		<input type="checkbox"/>	Annular Space Sensor	
<input checked="" type="checkbox"/>	Piping Sump Sensor	857080-111	<input type="checkbox"/>	Piping Sump Sensor	
<input type="checkbox"/>	Fill Sump Sensor		<input type="checkbox"/>	Fill Sump Sensor	
<input type="checkbox"/>	Mechanical Line Leak Detector		<input type="checkbox"/>	Mechanical Line Leak Detector	
<input checked="" type="checkbox"/>	Electronic Line Leak Detector	848480-001	<input type="checkbox"/>	Electronic Line Leak Detector	
<input type="checkbox"/>	Tank Overfill/High Level Alarm		<input type="checkbox"/>	Tank Overfill/High Level Alarm	
<input type="checkbox"/>	Other (Document in Comments)		<input type="checkbox"/>	Other (Document in Comments)	
Tank #: 2 Product: Regular (Auxiliary)			Tank #: Product: Model		
<input checked="" type="checkbox"/>	In-Tank Gauging Probe	847380-107	<input type="checkbox"/>	In-Tank Gauging Probe	
<input type="checkbox"/>	Annular Space Sensor		<input type="checkbox"/>	Annular Space Sensor	
<input checked="" type="checkbox"/>	Piping Sump Sensor	857080-111	<input type="checkbox"/>	Piping Sump Sensor	
<input type="checkbox"/>	Fill Sump Sensor		<input type="checkbox"/>	Fill Sump Sensor	
<input type="checkbox"/>	Mechanical Line Leak Detector		<input type="checkbox"/>	Mechanical Line Leak Detector	
<input type="checkbox"/>	Electronic Line Leak Detector		<input type="checkbox"/>	Electronic Line Leak Detector	
<input type="checkbox"/>	Tank Overfill/High Level Alarm		<input type="checkbox"/>	Tank Overfill/High Level Alarm	
<input type="checkbox"/>	Other (Document in Comments)		<input type="checkbox"/>	Other (Document in Comments)	
Tank #: 3 Product: Premium			Tank #: Product: Model		
<input checked="" type="checkbox"/>	In-Tank Gauging Probe	846390-107	<input type="checkbox"/>	In-Tank Gauging Probe	
<input type="checkbox"/>	Annular Space Sensor		<input type="checkbox"/>	Annular Space Sensor	
<input checked="" type="checkbox"/>	Piping Sump Sensor	857080-111	<input type="checkbox"/>	Piping Sump Sensor	
<input type="checkbox"/>	Fill Sump Sensor		<input type="checkbox"/>	Fill Sump Sensor	
<input type="checkbox"/>	Mechanical Line Leak Detector		<input type="checkbox"/>	Mechanical Line Leak Detector	
<input checked="" type="checkbox"/>	Electronic Line Leak Detector	848480-001	<input type="checkbox"/>	Electronic Line Leak Detector	
<input type="checkbox"/>	Tank Overfill/High Level Alarm		<input type="checkbox"/>	Tank Overfill/High Level Alarm	
<input type="checkbox"/>	Other (Document in Comments)		<input type="checkbox"/>	Other (Document in Comments)	
Dispenser #: 1/2			Dispenser #: Model		
<input type="checkbox"/>	Electronic Containment Sensor		<input type="checkbox"/>	Electronic Containment Sensor	
<input type="checkbox"/>	Mechanical Valve [Float(s) & Chain(s)]		<input type="checkbox"/>	Mechanical Valve [Float(s) & Chain(s)]	
<input checked="" type="checkbox"/>	Shear Valve (s)		<input type="checkbox"/>	Shear Valve (s)	
Dispenser #: 3/4			Dispenser #: Model		
<input type="checkbox"/>	Electronic Containment Sensor		<input type="checkbox"/>	Electronic Containment Sensor	
<input type="checkbox"/>	Mechanical Valve [Float(s) & Chain(s)]		<input type="checkbox"/>	Mechanical Valve [Float(s) & Chain(s)]	
<input checked="" type="checkbox"/>	Shear Valve (s)		<input type="checkbox"/>	Shear Valve (s)	
Dispenser #: 5/6			Dispenser #: Model		
<input type="checkbox"/>	Electronic Containment Sensor		<input type="checkbox"/>	Electronic Containment Sensor	
<input type="checkbox"/>	Mechanical Valve [Float(s) & Chain(s)]		<input type="checkbox"/>	Mechanical Valve [Float(s) & Chain(s)]	
<input checked="" type="checkbox"/>	Shear Valve (s)		<input type="checkbox"/>	Shear Valve (s)	

I hereby certify that the equipment identified in this document was inspected and functioning in accordance with the manufacturers' guidelines unless otherwise indicated in the comments section.

Technician Name: Scott Rossi

Technician Signature: Scott Rossi

Testing Company: Comprehensive Compliance Management, Inc.

Inspection Date: 11/29/11



COMPREHENSIVE COMPLIANCE
MANAGEMENT, INC.

TANK COMPLIANCE GROUP
31 West State Street - Unit B
Granby, MA 01033
Phone/Fax: (413) 467-1124
info@compliancegmt.com

Test Date: 11/29/2011

Technician Name: Scott Rossi

Assistant Technician: NA

Electronic Product Line Leak Detection Functionality Results

Client Name: Chestnut Petroleum Distributors, Inc.
Location Reference Number: 11827 Regulatory Facility Number: 3-049298
Location Name: Mobil Service Station
Location Address: 215 North Broadway
Location City: Tarrytown State: NY Zip: 10591

Electronic Line Leak Detection Information

ELLD Number	Grade	Tank Number	Make	Model	Serial Number
1	Regular	1 & 2	Veeder-Root	PLLD	249636
2	Premium	3	Veeder-Root	PLLD	260266
3					
4					

Electronic Line Leak Detection Functionality Results

ELLD Number	Full Operating Pressure (PSI)	Test Leak Rate (Gal/Hr)	Monitoring System Test Information (obtained from monitoring system history report, if available)			Operational (Yes or No)	Comments
			Last Passing 3.0 Gal/Hr Test	Last Passing 0.2 Gal/Hr Test	Last Passing 0.1 Gal/Hr Test		
1	27.0	3.0	11/29/11	7/6/11	6/28/11	Yes	
2	27.0	3.0	11/29/11	7/7/11	6/28/11	Yes	
3							
4							

Test Comments:



COMPREHENSIVE COMPLIANCE
MANAGEMENT, INC.

TANK COMPLIANCE GROUP
31 West State Street - Unit B
Granby, MA 01033
Phone/Fax: (413) 467-1124
Info@compliancegmt.com

Test Date: 11/29/2011
Technician Name: Scott Rossi
Manufacturer Certification #: 2137.JTN

Assistant Technician: NA
Manufacturer Certification #: NA

ACURITE Product Line Test Results

Client Name: Chestnut Petroleum Distributors, Inc.
Location Reference Number: 11827
Location Name: Mobil Service Station
Location Address: 215 North Broadway
Location City: Tarrytown State: NY Zip: 10591
Regulatory Facility Number: 3-049298

Product	Regular	Premium		
Line Type (Pressure or Suction)	Pressure	Pressure		
Pump Manufacturer	Red Jacket	Red Jacket		
Isolation Mechanism (Pump)	Check Valve	Check Valve		
Piping Material	SW FRP	SW FRP		
Shear Valves Operational (Yes/No)	Yes	Yes		
Test Pressure (psi) (1 1/2 times working pressure)	50 PSI	50 PSI		
Initial Cylinder Level (ICL)	0.0550	0.0675		
Final Cylinder Level (FCL)	0.0550	0.0675		
Leak Volume = (ICL - FCL)	0	0		
Calculated GPH Leak Volume	0	0		
Acurite Test Criteria (change of 0.01 gallons in a 60 minute time period)	0.01 GPH	0.01 GPH		
Regulatory Agency Detection Limit	0.05 GPH	0.05 GPH		
Test Time Started	3:10 PM	3:00 PM		
Test Time Completed	3:40 PM	3:30 PM		
Total Test Time (30 min. minimum)	0:30	0:30		
Total Data Collection Period (including stabilization period)	0:50	0:40		
Conclusion (Pass or Fail)	Pass	Pass		

Test Comments:

Limitations

The test conclusions are valid only at the time the test(s) are conducted and for the specific operating conditions described in each test method used. Comprehensive Compliance Management, Inc. (CCMI) does not undertake any prior or future responsibility concerning the condition of the underground storage tank system and its components. Furthermore, CCMI is not responsible for any on-going leaking of the underground storage tanks system below the limits of accuracy for the test method(s) used.

Recordkeeping – Stage II Vapor Recovery

According to Article XXVI – “Gasoline Dispensing Sites and Transport Vehicles”, owners and/or operators of gasoline dispensing sites which are required to perform tests of Stage II systems pursuant to Section 873.2602(14) must submit a notarized report of test results to the Department within 30 days of the test. Copies of the results must also be retained at the gasoline dispensing site for five years following the test, and must be made available for inspection by the department during normal business hours.

Recordkeeping – Underground Storage Tanks

According to Article XXV of the Westchester County Sanitary Code – Petroleum Bulk Storage, a copy of any tank or piping tightness test report must be sent to the Department no later than thirty (30) days after the performance of the test, except any test or inspection which shows the facility is leaking must be reported by any person with knowledge of such leak to the Department immediately and to the NYS DEC Spill Hotline within two (2) hours. A copy of the test report(s) must be maintained by the owner of the facility for at least five (5) years.

Copies of this report are being provided (a) the Westchester County Department of Health, if applicable, and (b) to the facility/location where testing was conducted.

Comprehensive Compliance Management, Inc. (CCMI) appreciates your business and thanks you for the opportunity to provide these services. If you have any questions or comments regarding this report, please contact our office at (413) 467-1124.



COMPREHENSIVE COMPLIANCE
MANAGEMENT, INC.

TANK COMPLIANCE GROUP
31 West State Street - Unit B
Granby, MA 01033
Phone/Fax: (413) 467-1124
info@compliancemgmt.com

Report Date: December 12, 2011

Test Results Summary

Test Date: 11/29/2011

Client Name: Chestnut Petroleum Distributors, Inc.
Location Reference Number: 11827 Regulatory Facility Number: 3-049298
Location Name: Mobil Service Station
Location Address: 215 North Broadway
Location City: Tarrytown State: NY Zip: 10591

Enclosed, please find the following test report(s):

Test	Conclusion
Product Line Tightness <ul style="list-style-type: none">RegularPremium	<ul style="list-style-type: none">PassPass
Tank Monitor Inspection -- Veeder Root TLS-350 <ul style="list-style-type: none">In-Tank Gauging ProbesPiping Sump SensorsElectronic Line Leak Detectors (PLLD)	<ul style="list-style-type: none">OperationalOperationalOperational
Cathodic Protection <ul style="list-style-type: none">Regular (Main) STP ConnectorsRegular (Auxiliary) STP ConnectorsPremium STP ConnectorsDispenser #1/2 ConnectorsDispenser #3/4 ConnectorsDispenser #5/6 Connectors	<ul style="list-style-type: none">Meets CriteriaMeets CriteriaMeets CriteriaMeets CriteriaMeets CriteriaMeets Criteria
Dispenser Shear Valve Inspection <ul style="list-style-type: none">Dispenser #1/2Dispenser #3/4Dispenser #5/6	<ul style="list-style-type: none">OperationalOperationalOperational



Technician Signature

Scott Rossi

Technician Name



Reviewed By Signature

Tom Presnal

Reviewed By Name

FACILITY INFORMATION REPORT

3-049298
 Mobil R/S #11827
 215 North Broadway
 Sleepy Hollow, NY 10591

Owner: CPD NY ENERGY CORP
 536 MAIN ST

Mail: Sam Jamal
 CPD NY ENERGY CORP
 536 MAIN ST -
 NEW PALTZ NY 12561

NEW PALTZ NY 12561
 Phone: (845) 256-0162

Reg Expires: 01/13/2016
 Phone: (845) 256-0162

Site Status: Active

Email:
 Reg Issued: 04/06/2011

Operator: Viera's Service Station Inc. Phone: (914) 631-1047

Vapor Recovery ID: 3552600388

Emergency: Scott Parker Phone: (845) 256-0162

Site Type: Retail Gasoline Sales

Last Stage II Test: 12/15/2010
 Next Test Due

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
300	5. UG	1. In service	07/01/1986	3000	8. Gas/ethanol	10	6. FRP	0. None	0. None	0. None	5. In-tank system

Tank OP	Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
1. Float Vent Valve	1. Catch basin	1. Submersible	2. UG	6. FRP	0. None	4. Double-walled	5. ALLD	05/06/2008	NTR	

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
400	5. UG	1. In service	07/01/1986	6000	8. Gas/ethanol	10	6. FRP	0. None	0. None	0. None	5. In-tank system

Tank OP	Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
1. Float Vent Valve	1. Catch basin	1. Submersible	2. UG	6. FRP	0. None	4. Double-walled	5. ALLD	10/29/2001	NTR	

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
600	3. AG	1. In service	11/01/2009	500	#2 fuel oil	0	1. Steel/cs/iron	0. None	1. Painted/asphalt	9. Mod dbl-wall	2. Man interstitial

Tank OP	Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
4. Product gauge	1. Catch basin	2. Suction	1. AG	9. Copper	0. None	0. None	7. Ex suction		NTR	

FACILITY INFORMATION REPORT

J-049298
Mobil R/S #11827
215 North Broadway
Sleepy Hollow, NY 10591

Owner: CPD NY ENERGY CORP
536 MAIN ST

Mail: Sam Jamal
CPD NY ENERGY CORP
536 MAIN ST -
NEW PALTZ NY 12561

Phone: NEW PALTZ NY 12561
(845) 256-0162

Reg Expires: 01/13/2016
Phone: (845) 256-0162

Site Status: Active

Email:
Reg Issued: 04/06/2011

Operator: Vicra's Service Station Inc. Phone: (914) 631-1047

Emergency: Scott Parker Phone: (845) 256-0162

Site Type: Retail Gasoline Sales

Vapor Recovery ID: 3552600388
Last Stage II Test: 12/15/2010

Next Test Due

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
5	5. UG	3. Removed	12/01/1932	3000			1. Steel/cs/iron	0. None	0. None	0. None	0. None
Tank OP		Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
3. None		0. None	2. Suction		2. Galv steel	0. None					
Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
100	5. UG	1. In service	07/01/1986	12000	8. Gas/ethanol	10	6. FRP	0. None	0. None	0. None	5. In-tank system
Tank OP		Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
1. Float Vent Valve		1. Catch basin	1. Submersible	2. UG	6. FRP	0. None	4. Double-walled	5. ALLD	05/06/2008	NTR	
Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
200	5. UG	5. Closed-removed	07/01/1986	10000	7. Gasoline		6. FRP	0. None	0. None	0. None	4. Groundwater v
Tank OP		Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
0. None		0. None	1. Submersible	0. None		0. None			05/06/2008	NTR	12/01/1987

FACILITY INFORMATION REPORT

3-049298
 Mobil R/S #11827
 215 North Broadway
 Sleepy Hollow, NY 10591

Owner: CPD NY ENERGY CORP
 536 MAIN ST

Mail: Sam Jamal
 CPD NY ENERGY CORP
 536 MAIN ST -
 NEW PALTZ NY 12561

Phone: NEW PALTZ NY 12561
 (845) 256-0162

Reg Expires: 01/13/2016
 Phone: (845) 256-0162

Site Status: Active

Email:
 Reg Issued: 04/06/2011

Operator: Viera's Service Station Inc. Phone: (914) 631-1047

Vapor Recovery ID: 3552600388

Emergency: Scott Parker Phone: (845) 256-0162

Site Type: Retail Gasoline Sales

Last Stage II Test: 12/15/2010
 Next Test Due

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
2	5. UG	3. Removed	12/01/1968	3000	7. Gasoline		1. Steel/cs/iron	0. None	0. None	0. None	0. None

Tank OP	Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
0. None	0. None	2. Suction		2. Galv steel	0. None					

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
3	5. UG	3. Removed	12/01/1968	550	99. Other		1. Steel/cs/iron	0. None	0. None	0. None	0. None

Tank OP	Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
0. None	0. None	2. Suction		2. Galv steel	0. None				NTR	

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
4	5. UG	3. Removed	12/01/1968	10000	7. Gasoline		1. Steel/cs/iron	0. None	0. None	0. None	0. None

Tank OP	Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
0. None	0. None	2. Suction		2. Galv steel	0. None					

FACILITY INFORMATION REPORT

3-049298
 Mobil R/S #11827
 215 North Broadway
 Sleepy Hollow, NY 10591

Owner: CPD NY ENERGY CORP
 536 MAIN ST

Mail: Sam Jamal
 CPD NY ENERGY CORP
 536 MAIN ST -
 NEW PALTZ NY 12561

Phone: NEW PALTZ NY 12561
 (845) 256-0162

Reg Expires: 01/13/2016
 Phone: (845) 256-0162

Site Status: Active

Email:
 Reg Issued: 04/06/2011

Operator: Viera's Service Station Inc. Phone: (914) 631-1047

Emergency: Scott Parker Phone: (845) 256-0162

Site Type: Retail Gasoline Sales

Vapor Recovery ID: 3552600388
 Last Stage II Test: 12/15/2010
 (Next Test Due)

Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
200	5, UG	5, Closed-removed	12/01/1988	1000			6, FRP	0, None	6, Fiberglass	0, None	0, None
Tank OP		Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
0, None		0, None	3, Gravity	2, UG	1, Steel/cs/iron	0, None			05/06/2008	NTR	11/05/2009
Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
500	5, UG	5, Closed-removed	12/01/1988	1000	13, Used oil		6, FRP	3, FRP liner	6, Fiberglass	0, None	5, In-tank system
Tank OP		Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
1, Float Vent Valve			2, Suction	2, UG	2, Galv steel	0, None				NTR	05/11/2006
Tank ID	Tank Location	Status	Install	Capacity	Product	%	Tank Type	Tank IP	Tank EP	Tank SC	Tank LD
1	5, UG	3, Removed	12/01/1975	3000	7, Gasoline		1, Steel/cs/iron	0, None	0, None	0, None	0, None
Tank OP		Spill Prev	Dispenser	Piping Loc	Piping Type	Piping EP	Piping SC	Piping LD	Last Test	Next Test	Closed
0, None		0, None	2, Suction		2, Galv steel	0, None					



Robert P. Astorino
County Executive

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

Office of Environmental Health Risk Control
145 Huguenot Street
New Rochelle, NY 10801
914-813-5161
24-hour emergency number: 914-813-5000

Tank ID	Date Installed	Tank Location	Product	Capacity (gallons)	Last Tested	Next Test Due	Owner:
100	07/1986	Underground	Gasoline/Ethanol	12000	05/2008	NTR	CPD NY ENERGY CORP 536 MAIN ST NEW PALTZ, NY 12561
300	07/1986	Underground	Gasoline/Ethanol	8000	05/2008	NTR	Site: Mobil R/S #11827 215 North Broadway Sleepy Hollow, NY 10591
400	07/1986	Underground	Gasoline/Ethanol	6000	10/2001	NTR	Operator: Viera's Service Station Inc. (914) 631-1047
600	11/2009	Aboveground on saddles, legs, stills, racks or cradle	No. 2 fuel oil	500		NTR	Emergency Contact: Scott Parker (845) 256-0162
Vapor Recovery ID: 3552600388					12/2010	12/2015	<p>As an authorized representative of the above-named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. I recognize that I am responsible for assuring that this facility is in compliance with all sections of Article XXV of the Westchester County Sanitary Code.</p> <ul style="list-style-type: none"> The facility must be re-registered upon a transfer of ownership. The Department must be notified within 15 days prior to adding, replacing, reconditioning or permanently closing a stationary tank. THIS CERTIFICATE MUST BE POSTED ON THE PREMISES AT ALL TIMES. Posting must be at the tank, at the entrance of the facility or at the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident immediately to the Westchester County Department of Health at 914-813-5000 and to the New York State Department of Environmental Conservation at 800-457-7362.
Issued by: Cheryl Archbald, MD, MPH, FAAP Acting Commissioner of Health		Issue Date: 04/06/2011		Mailing Address: Sam Jamal CPD NY ENERGY CORP 536 MAIN ST NEW PALTZ NY 12561		Name of Authorized Representative/Owner (print) Samuel Jamal	
Petroleum Bulk Storage ID Number 3-049298		Expiration Date: 01/13/2016				Signature of Authorized Representative/Owner 	
						Title Treasurer	
						Date 5-4-11	

THIS CERTIFICATE IS NON-TRANSFERABLE

Page 1 of 1

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
	<input checked="" type="checkbox"/>		<p>G. Automatic Line Leak Detector (ALLD)</p> <p><input checked="" type="checkbox"/> ALLD is present and operational. [280.44(u)]</p> <p><input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)]</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)]</p> <p><input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or</p> <p><input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)]</p> <p><input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]</p>

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurize d Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input checked="" type="checkbox"/>			<p>B. Automatic Tank Gauge (ATG)</p> <p><input checked="" type="checkbox"/> ATG is set up properly. [280.40(a)(2)]</p> <p><input checked="" type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input checked="" type="checkbox"/></p> <p>ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]</p>
<input type="checkbox"/>			<p>C. Manual Tank Gauging (MTG)</p> <p><input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)]</p> <p><input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/></p> <p>Method is being conducted correctly. [280.43(b)(4)]</p> <p><input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/></p> <p>Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>D. Tightness Testing (Safe Suction piping does not require testing)</p> <p><input type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)]</p> <p><input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method:</p> <p><input type="checkbox"/> Tanks - every 5 years [280.41(a)(1)]</p> <p><input checked="" type="checkbox"/> Pressurized Piping - annually [280.41(b)(1)(ii)]</p> <p><input type="checkbox"/> Non-exempt suction piping - every 3 years [280.41(b)(2)]</p> <p><input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>E. Ground Water or Vapor Monitoring</p> <p><input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/></p> <p>Vapor monitoring well is not affected by high ground water. [280.43(e)(3)]</p> <p><input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/></p> <p>Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>F. Interstitial Monitoring</p> <p><input type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)]</p> <p><input type="checkbox"/> Sensor properly positioned. [280.40(a)(2)]</p>

Release Detection Compliance Measures Matrix

*Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.*

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance?		
			N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]		✓	
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]		✓	
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	✓		
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]			✓
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			<p>A. Inventory Control with Tank Tightness Testing (T.T.T)</p> <p><input type="checkbox"/> Inventory control is conducted properly.</p> <ul style="list-style-type: none"> <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)]

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]	✓		
		<input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/> Tank and piping meet new UST requirements [280.21(a)(1)] <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)] <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]			

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOG Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]			✓
		<input type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)] <input type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)] <input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure <input checked="" type="checkbox"/> CP System is properly operated and maintained <input checked="" type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.		✓	

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? yes

Deficiencies observed: (Put an X for each observed deficiency)

- ☒ Potential failure to complete or submit a notification, report, certification, or manifest
- ☒ Potential failure to follow or develop a required management practice or procedure
- ☒ Potential failure to maintain a record or failure to disclose a document
- ☒ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment
- ☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? Yes / No

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? Yes / No

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? Yes / No

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? Yes / No

SITE DRAWING

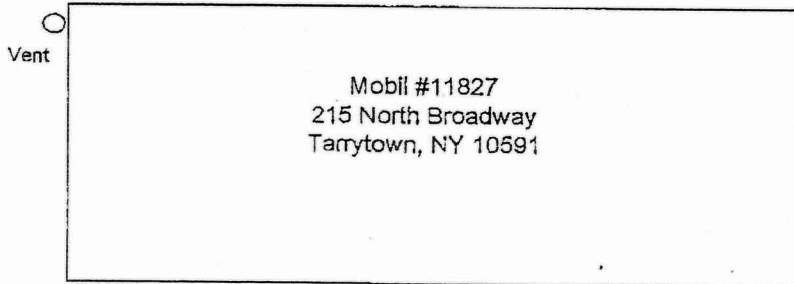
DATE: _____ TIME ON SITE: _____ TIME OFF SITE: _____

WEATHER: _____

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☐

If "Yes", please describe: _____

	= Underground Storage Tank		= Tank Observation Well
	= Dispenser		= Groundwater Monitor Well
ATG	= Automatic Tank Gauging System	● -0.99	= Cathodic Protection Test Point and Reading
STP	= Submersible Turbine Sump		= Tank Vents
F	= Fill		= Overfill Alarm
RF	= Remote Fill	☆ 0.50	= Helium Test Point and Percent Detected
BF	= Ball Float		= Emergency Shut Off Button
I	= Interstitial Riser		
DB	= Dry Break (Stage II)		
M	= Manifold		
E	= Extractor		



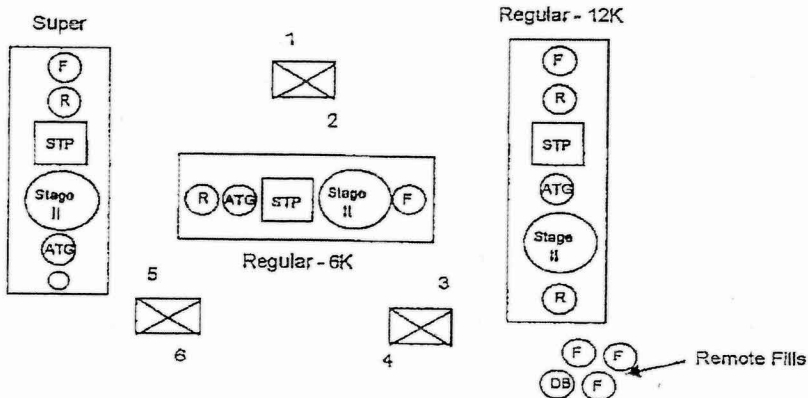
Depeyster Street

Entrance

Entrance

North Broadway

Entrance





THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST
PROGRAM
Ground Water Compliance Section
New York, NY 10007-1866

Inspector Observation Report
Inspection of Underground Storage Tanks (USTs)

<input type="checkbox"/> No violations observed at the conclusion of this inspection.	
<input checked="" type="checkbox"/> The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):	
Violations Observed:	
Regulatory Citation	Violation Description
§ 280.34(b) 4	Failure to maintain records of release detection
§ 280.20(c)(1)(ii)	Failure to provide overfill prevention
§	
§	
§	
§	
§	
§	
Actions Taken: <input type="checkbox"/> Field Citation; # <input type="checkbox"/> Additional Information required <input type="checkbox"/> On-site request/Due date	
Comments/Recommendations: No tank release detection records were available for Aug. 2011 through March 2012. No overfill prevention could be found for any of the tanks.	
Name of Owner/Operator Representative: (Please print) (Signature)	Name of EPA Inspector/representative (Please print) (Signature) (Credential Number)
Other Participants:	Date of Inspection _____ Time _____ AM/PM

XI. Repairs

N/A

Repaired tanks and piping are tightness tested within 30 days of repair completion.

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐

XII. Temporary Closure

N/A

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐

Notes:

Tank No.	100	300	400			
IX. UST system used solely by Emergency Power Generator	No	→				
X. Release Detection N/A <input type="checkbox"/>						
<u>Tank RD Methods</u>	ATG	Yes	→			
	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	Inventory Control w/ TIT					
	Manual Tank Gauging					
	Manual Tank Gauging w/ TIT					
	SIR					
<u>12 Months</u> (Must Make Available Last 12 Months Monitoring Records For Compliance)						
Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure) <i>Release Detection (CSLD) records were available for April, May, June & July 2012. No records maintained for Aug 2011 through March 2012.</i>						
<u>Pressurized Piping RD Methods</u>	N/A <input type="checkbox"/>					
<u>12 Months Monitoring Records</u>	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	SIR					
<u>ALLD</u>	Annual Line Tightness Test	Yes	→			
	Present	Yes	→			
	Annual Test	Yes	→			
Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure) <i>Annual line tightness test and annual ALLD test were performed on 11/29/2011 with passing results</i>						

VI. Tank Information	Tank No.	100	300	400			
Tank presently in use		Yes	→				
If not, date last used	(see Section XII)						
If empty, verify 1" or less left	(see Section XII)						
Capacity of Tank (gal)		12,000	8,000	6,000			
Substance Stored		Reg	Premium	Regular			
M/Y Tank installed / Upgraded		07/1986	→				
<u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)		FRP	→				
Spill Prevention		Spill Bucket	→				
Overfill Prevention (specify type)		None	→				
<u>Special Configuration:</u> Compartmentalized, Manifolder		Manifolder Main Reg		Manifolder Slave Reg			

VII. Piping Information

<u>Piping Type:</u> Pressure, Suction	Pressure	→			
<u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)	FRP	→			

Tank and Piping Notes:

VIII. Cathodic Protection

N/A ☐

Integrity Assessment conducted prior to upgrade					
<u>Interior Lining:</u> Interior lining inspected					
<u>Impressed Current:</u> CP Test records					
Rectifier inspection records					
<u>Sacrificial Anode:</u> CP test records					

CP Notes:



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S): Peter MigluskDATE: 7/11/2012

SIC CODE:

ICIS #:

3000020733

I. Location of Tank(s) <input type="checkbox"/> Tribal		II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.)	
Facility Name <u>Mobil R/S # 11827</u>		Owner Name <u>CPD NY Energy Corp</u>	
Street Address <u>215 North Broadway</u>		Street Address <u>536 Main St</u>	
City <u>Sleepy Hollow</u>	State <u>NY</u>	City <u>New Paltz</u>	State <u>NY</u>
Zip Code <u>10591</u>		Zip Code <u>12561</u>	
County <u>Westchester</u>		County <u>Ulster</u>	
Phone Number <u>(914) 631-1047</u>	Fax Number	Phone Number <u>(845) 256-0162</u>	Fax Number
Contact Person(s)		Contact Person(s) <u>Scott Parker</u>	
IIA. Ownership of Other Facilities			
<input type="checkbox"/> Do you own other UST Facilities Yes / No			
If Yes, How many Facilities _____		How many USTs _____	
III. Notification			
<input type="checkbox"/> Notification to implementing agency; name <u>NYS DEC / Westchester County DoH</u> (effective through 01/13/2012)			
State Facility ID # <u>3-049298</u>			
IV. Financial Responsibility			
<input type="checkbox"/> State Fund _____		<input type="checkbox"/> Private Insurance: Insurer/Policy # _____	
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Letter of Credit	
<input type="checkbox"/> Local Government	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs)	
V. Release History <input type="checkbox"/> N/A			
<input type="checkbox"/> To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes / No			
<input type="checkbox"/> Evidence of release or spills at facility		<input type="checkbox"/> Greater than 25 gallons (estimate)	
<input type="checkbox"/> Releases reported to implementing agency; if so, date(s) _____ [290.53]			
<input type="checkbox"/> Release confirmed; when and how _____			
<input type="checkbox"/> Initial abatement measures and site characterization		<input type="checkbox"/> Free product removal	
<input type="checkbox"/> Soil or ground water contamination		<input type="checkbox"/> Corrective action plan submitted	
<input type="checkbox"/> Remediation ongoing		<input type="checkbox"/> Remediation completed, no further action; date(s) _____	
Notes:			

Lat. 41.083328

Page 1 of 7

Init/Date PM 7/11/12

11/04/2010 /

Long. -73.858712

215 North Broadway
Sleepy Hollow
3-049298
P. Misluk 07/11/12

August 17, 2012

On August 1, 2012 I re-inspected 6 facilities with Edgar Amador, Environmental Compliance Specialist with CPD NY Energy Corp to determine if the facilities had overfill protection. CPD had arranged for their UST facilities contractor, CCMI, to accompany us with the appropriate tools to open the sumps and remove the covers to expose overfill protection equipment if it was present.

We were able to document flapper valves that suffice for meeting the requirements for overfill protection for the tanks. Therefore there is no overfill protection violation at this facility as documented in the inspection report.

Peter P. Misluk, Jr.

Peter P. Misluk, Jr.